

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3066**
Registrar's No. **7**

FILED FEB 18 1942
Registration District No. **623-**

Primary Registration District No. **3031**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Maryville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether)
In this community **Life** years, months or days

3. (a) PRINT FULL NAME **MARY LOUISE BITHOS.**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**
4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased **July 10, 1932** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 6 3 hr. min.

9. Birthplace **Maryville Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Samuel F. Bithos**
13. Birthplace **Greece, Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Vesta Clyde White**
15. Birthplace **Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Samuel F. Bithos**
(b) Address **Maryville Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 19, 1942** (Month) (Day) (Year)
(c) Place: burial or cremation **Miriam Cemetery**

18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Maryville Mo.**

19. (a) **Jan. 19, 1942** (Date received local registrar) **Mamie E. Clardy** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway**
(c) City or town **Maryville** (If outside city or town limits, write "RURAL")
(d) Street No. **1605 N. Mulberry St.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **17** year **1942** hour **11** minute **50 a.** M.

21. I hereby certify that I attended the deceased from **Jan 17** 1942 to **Jan 17** 1942 that I last saw him alive on **Jan 17** 1942 and that death occurred on the day and hour stated above.

Immediate cause of death **Shock, following**
traumatic hemorrhage
Due to **cause homicide**

Due to
Other conditions (Include pregnancy within 3 months of death)
118.3

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature **A. M. Hall** (M. D. or other)
Address **Maryville Mo.** Date signed **1-18-42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clem M. Price

Licensed Embalmer No. *1822*

P. O. Address *Marionville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.